

even many who were incapable. None were left at home but the sick, the infirm, and those who had married at nineteen or earlier, in order to avoid the conscription. Hence the population was kept up by persons too infirm and sickly for military service, and too young to produce strong children. Thus, at the Restoration in 1814, it was found difficult; out of a levy of 80,000 men, to find 25,000 to form a *corps d'élite*, and it was necessary for this purpose to lower the standard of height. After the peace of 1814, when the conscription was less rigorous, the men were more robust. But the conscripts of 1836 were an exception, for they were born in 1816, in which year nine-tenths of the population suffered severely from famine. These facts are obtained from the reports of the French Secretary at War. The end of marriage is domestic happiness, and the procreation of healthy children; and the former depends much upon the latter. The law is very particular about the forms of marriage, but very indifferent about the results. Rational marriages must rest with the parties themselves. Ignorance of the laws of constitutional health is one great cause of irrational marriages. The great motives to marriage are rank, property, fancy; to these ought to be added, morals, intellect, health, which are more important for happiness. The moralist has hitherto been too little of a physiologist. Physiology is the basis of morals as well as of health. The educator ought to be a physiologist as well as a moralist. It is only by the union of the two that the young can be judiciously trained, and prepared for real life. However persons may despise physiological warnings before marriage, they are too sensible of their value afterwards. Constitutional diseases not only produce unhealthy children, but often also disgust, aversion, and misery between the parties themselves. Marriage will not strengthen a weak constitution, as some suppose, but debilitate it still more. It is a common observation of females, "I have never been well since I married." Child-bearing and nursing demand more than a delicate and tainted constitution can bear. The strength gives way under the heat and burden of the day.

I have thus endeavoured, though too briefly for the importance of the subject, to trace the history of the scrofulous constitution in its hereditary principles, direct and indirect, proximate and remote. Where it exists, it cannot be entirely eradicated. Where it does not exist, it may be originated by the vices and follies of men. I have considered it as the source of many diseases not hitherto attributed to it; and that its best antidote would be a judicious education and training upon physiological principles. These principles it is the aim and merit of medicine to diffuse among society. The medical voice reaches the highest and lowest ranks. Her useful and practical truths are of daily application, and daily disseminated by her faithful disciples, who, in the lower walks of the profession, ever ready by day or night at the call of distress, find their chief and often their only reward in the conscious exercise of the duties of humanity, the *mens sibi conscia recti*. Finally, the greatest compliment which has yet been paid to the medical profession, and its humane and scientific principles, is to see the whole legislature, and every populous city in the kingdom, resolve to adopt them as a basis of civil polity, and to carry them out for the health, benefit, and happiness of the poorest and largest class of our fellow-creatures.—*Provincial Med. and Surg. Journal*, Oct. 3, 1849.

17. *Progressive General Palsy*.—In the *Annales Médico-Psychologiques*, M. LUNIER has published a paper on progressive general palsy, which he seeks to show may affect the sound in mind, as well as the insane. He says its nature was misunderstood until towards the close of the last century; it was described by Haslam, Esquirol, and Georget, as a complication, or rather a termination, of insanity. Progressive general palsy was, for a long while, and is even now, regarded by many practitioners as a disease proper to the insane. Nevertheless, one of the earliest works published on this subject—the thesis of M. Delaye, which appeared in 1824—contains a case of progressive general palsy, which occurred in an individual whose intellect was perfectly sound. The author of this excellent dissertation, however, considers the case in question to be exceptional, and the greater number of practitioners who have since written on the subject speak of it as the only case that has come to their knowledge. The

name of general palsy of the insane, which is used to designate the disease, serves to propagate and maintain the error. A few more cases, he observes, have since been published, illustrative of the view he takes, and he adds that, if we read attentively the facts brought forward by J. Bayle, Delaye, Calmeil, Foville, Deveau, Lelut, Parchappe, Wachter, Requin, &c., and the excellent description many of these authors have given of general palsy, it will be easy to recognize that this morbid state, which they have described as a symptom or termination of insanity, existed in many of their cases before there was any lesion of the intellectual faculties, and that the lesion occurred most frequently consecutively only, and as a complication of the paralysis.

M. Lunier seeks to establish that progressive general palsy may be met with in the general hospitals, although not so frequently as in lunatic asylums; that the palsy in the one case in no respect differs from that in the other; that the lesions of the intellectual faculties met with in such cases do not deserve generally the name of insanity, but consist simply in a diminution, or an abolition, or a more or less complete palsy of these faculties, comparable to the palsy of motion and sensation; and, finally, that progressive general palsy constitutes a special and clearly-defined disease, which ought to be completely separated from insanity, just as are epilepsy and hysteria.

His essay is divided into three parts: the first treats of those cases in which the progressive general palsy has not been preceded or accompanied by insanity or dementia; the second describes those cases where the palsy, without having been preceded by lesions of the intellectual faculties, has been afterwards complicated with dementia; and in the third will be brought forward those cases in which the general palsy has been, or seems to have been, preceded by mania or monomania, transformed or not afterwards into dementia.

Progressive general palsy rarely reaches its second stage, or even the termination of its first, without the occurrence of symptoms of dementia. It is only at the commencement of the disease that there is not found any lesion of the intellectual faculties. These cases are more frequently met with in private practice. The absence of all lesion of the intellect, at the commencement of general palsy, renders the diagnosis of the disease difficult. The symptoms of dementia are generally those first recognized by the relatives or friends of the patient, and when a medical man is called in, he is astonished to find the palsy already much advanced, and, most frequently, completely incurable.

The first part contains the details of six cases; in the first, that of a man named Lenoir, fifty-six years of age, the disease was hereditary, and the patient himself was subject to attacks of cerebral congestion, for which he had been in the habit of losing blood—a practice he had latterly neglected; besides which, he had had a rather free hemorrhoidal flux, which had ceased of late. Lenoir presented almost all the symptoms of the first stage of progressive general palsy; weakness of the special sensations and of the general sensibility, hesitation in walking, diminution of the strength of the upper limbs, a slight embarrassment in speaking, loss of the generative power, fleeting attacks of giddiness; there was not, however, any affection of the intellectual faculties. The treatment consisted in the abstraction of blood, the administration of purgatives, low diet, and rest. Some of the symptoms of congestion were thus relieved, but the palsy continued to make progress slowly. In the second case, the hereditary character of the disease was also shown, and more and more frequent and violent attacks of cerebral congestion were induced by the suppression of an epistaxis. The disease in this case was only commencing. The third case was that of a Pole, forty-three years of age, much addicted to drinking and to venery. The disease was also hereditary in this case. Eight years prior to coming under notice, he had had an attack of apoplexy, followed by hemiplegia, respecting which M. Lunier observes, it is not uncommon to see progressive general palsy follow hemiplegia, the result of one or more attacks of cerebral congestion. In such cases, the hemiplegia progressively disappears, but, at the end of a certain time, if the patient be carefully examined, it will be found that the palsy is not so clearly defined; there are irregularities, and one of the limbs of the other side presents slight symptoms of palsy, or perhaps the sensibility is greater in the arm of one side and the leg of the other,

or the patient sees better with one eye, and hears better with the opposite ear. These singular anomalies form the transition, so to say, of the hemiplegia into general palsy. When the paralysis begins to become general, the hemiplegia becomes stationary: this is one of the signs which should make us dread the occurrence of general palsy in the hemiplegiac; when the general palsy is fully established, the hemiplegia, instead of progressing towards a cure, increases in intensity, and follows the progress of the general disease. In those persons in whom general palsy has thus succeeded hemiplegia, there is always, even in the third stage of the disease, a predominance of the palsy in the side primitively affected. The patient in the fourth instance was a young man, eighteen years of age, in whom the disease supervened in consequence of a fall from a height of several feet, on the left side of the head, by which concussion of the brain was caused. In this case, M. Lunier considers the immediate cause of the general palsy to have been acute hydrocephalus become chronic. M. Requin has published a case of progressive general palsy, following an injury of the head, which ultimately terminated fatally. The autopsy disclosed evidences of chronic meningitis. The fifth case is one previously published by M. Brierre de Boismont; and the sixth is that recorded by M. Delaye, already alluded to.

The second series of cases, in which are recorded those in which the progressive general palsy was not preceded by insanity, but was afterwards accompanied by dementia, are four in number. The complication or occurrence of dementia, M. Lunier regards as an almost constant symptom of the disease, when it has reached a certain stage, and he believes it to depend on the same organic cause as the lesions of motion and sensation. The first case is that of a woman, fifty years of age, in whom again the disease was hereditary. The disease advanced to the second stage, was accompanied by symptoms of dementia, and then became stationary. The second case is an instance of a predisposition to cerebral congestion, with intermittent and alternative palsy of the arms, consequent on hard labour, and general progressive palsy. The patient was affected with suicidal lypemania. The man was thirty-five years old. The third is an instance of general palsy in the commencement of the second stage. The disease was hereditary. The abuse of mercury was considered to have had something to do in causing the disease; but this M. Lunier will not admit, and seems more inclined to refer it to the abuse of tobacco. He says that great smokers are peculiarly predisposed to cerebral congestion, and consequently to general paralysis. The question he thinks worthy of further examination.

In the second stage of general paralysis, and sometimes even in the third, the vegetative functions are generally well performed. The appetite is good, often even rather voracious, and the patients present some *embonpoint*. Emaciation, marasmus, and gangrenous spots occur later in the disease. M. Bailarger was the first to point out the loss of the generative power in the commencement of the disease. M. Lunier observes that he has noticed it in several cases. It is a premonitory symptom of some importance, but in some cases there occurs a kind of venereal orgasm, which may be present, although rarely, even in the third stage of the disease.

The loss of the memory is undoubtedly the beginning of dementia. It is often the only sign of intellectual debility that can be discovered during the first and even the second stage of general palsy.

The fourth and last case in this series is one in which the disease was hereditary, and was attended by two attacks of ambitious delirium. It was ultimately complicated with dementia.

The third series in which the general paralysis was, or seemed to be, preceded by mania or monomania, transformed or not afterwards into dementia, consists of one case only. The patient, a man fifty years of age, had a fall from a height of eight or ten feet, on the back part of his head, a few days after which he was admitted into the Bicêtre with symptoms of mania. M. Lunier is of opinion that, at this time, the patient was labouring under unrecognized general paralysis. At the date of the report, ten years after the accident, the man did not present any signs of dementia.—*Journ. of Psychol. Medicine*, Oct. 1849.